

MHN

SENDER, COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Chief of Criminal Appeals
Illinois Attorney General's Office
100 W. Randolph, 12th Floor
Chicago, IL 60601**

2. Article Number

(Transfer from serv)

7006 2150 0005 2036 0241

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
☒ No**RECEIVED**

JAN 25 2008

Office of the Attorney General

3. Service Office Services

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

07cv 6937

FILED

FEB 4 - 2008

**MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT**